

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101593750

FILING DATE

092106

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12		/				
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42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
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65		/				
66		/				
67		/				
68		/				
69		/				
70		/				
71		/				
72	/		/			
73		/		/		
74		/		/		
75		/		/		
76		/		/		
77		/		/		
78		/		/		
79		/		/		
80		/		/		
81		/		/		
82		/		/		
83		/		/		
84	/			/		
85	/		/			
86		/		/		
87		/		/		
88		/		/		
89		/		/		
90	/		/			
91		/		/		
92		/		/		
93		/		/		
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5	↓	3	↓		↓
TOTAL DEP.	88	←	18	←		←
TOTAL CLAIMS	93		21			